EXHIBIT C

Message

From: Jay Lalezari [drjay@questclinical.com]
Sent: 4/9/2020 3:49:05 PM
To: Kush Dhody [kushd@amarexcro.com]
CC: Kazem Kazempour [kazemk@amarexcro.com]; Nader Pourhassan [npourhassan@cytodyn.com]; SCOTT KELLY [skelly02@comcast.net]; Bruce Patterson [brucep@incelldx.com]; Jonah Sacha [jonahsacha@gmail.com]
Subject: Fwd: 7 Patients Day 7 Complete

Dear Kush,

Please see Jeff Murray's bizarre response to the email Nader asked me to send last night. They do not seem to appreciate a pattern of cytokine reduction, immune restoration and clinical improvement. Without sounding too condescending, I really think we need the simpler and easier to understand graphics that Jonah can put together.

One point of clarity-Jeff claims that our 7 pts did not fit the definition of "critically ill". First I am not sure why it matters whether they were critically (intubated) or severely ill. But second, how many of our 7 patients were, in fact, in the ICU and/or intubated?

Nader has asked me to forge ahead and work with Kevin (director of amfAR) to get these data in front of Fauci.

I still think we need to start making 100,000 doses/month.
Jay

Begin forwarded message:

From: "Murray, Jeffrey S" <Jeffrey.Murray@fda.hhs.gov>
Subject: RE: 7 Patients Day 7 Complete
Date: April 9, 2020 at 11:54:39 AM PDT
To: Jay Lalezari <drjay@questclinical.com>
Cc: "Birnkrant, Debra B" <Debra.Birnkrant@fda.hhs.gov>, "Sheikh, Virginia" <Virginia.Sheikh@fda.hhs.gov>, "Struble, Kimberly" <Kimberly.Struble@fda.hhs.gov>

Jay,

Please have the sponsor submit any summary data of EIND patients to their IND for COVID. We are overwhelmed with email requests and must ensure that communications get tracked. Based on the data you provided, I don't find any "moral" imperative to abandon proceeding with clinical trials, not only for lerolimab but also for the many other drugs under investigation. So far I haven't seen anything so compelling that I would be inclined to change course or take another type of regulatory action. You have submitted biomarker and clinical summary data in a small number of patients, most of whom only required O2 by nasal canula. It is difficult to interpret uncontrolled case series because we don't know the counterfactual for this group of patients. There have been multiple reports of case series for products such as HCQ +/- Azithromycin and for the Il-6 blockers, which look promising but then other reports where they appear to have little effect. In my opinion, leronlimab didn't have the type of compelling nonclinical rationale to give me a strong Bayesian prior, so it will take a lot more than a series of 7 patients (who did not fit the definition of critically ill) to change my opinion. And excuse me for being blunt, but I think press releases on this type of data can cause false hope and look sensational. It is also a risk to the company; they might not be prepared for a stampede of requests that they can't handle.

Jeff

From: Jay Lalezari <drjay@questclinical.com>
Sent: Thursday, April 09, 2020 12:07 AM
To: Murray, Jeffrey S <Jeffrey.Murray@fda.hhs.gov>
Cc: Jay Lalezari <drjay@questclinical.com>
Subject: Fwd: 7 Patients Day 7 Complete

Dear Jeff,

This situation just became morally perilous.

I've attached the 7 day data on the first 7 patients treated with Leronlimab.
These results are being reformatted for formal submission to FDA tomorrow.
To any reasonable mind, the lab results confirm that the anecdotal reports of positive clinical outcomes are not random.
UCLA has given permission for Cytodyn to go public tomorrow with their successful treatment in 6/6 pts treated under the EIND program. I'll send a summary of that experience shortly under separate email. Similar individual case reports are surfacing elsewhere.

Cytodyn has about 40,000 doses in stock. With some sort of emergency contingent approval and financing, they can manufacture 100,000 doses/month.

I don't know what the regulatory solution here is. The RCTs have just started to enroll. I am, however, now certain that a lot of folks are about to die who likely could be saved.

I haven't cc'd anyone from Cytodyn or FDA on this email.
I've always respected your judgement and would like to know what you think is the right and moral next step??
415-939-0783
Jay

Jay Lalezari, MD
Chief Science Officer
Cytodyn, Inc.

From: Nader Pourhassan <npourhassan@cytodyn.com>
Sent: Wednesday, April 8, 2020 7:41 PM
To: Jay Lalezari
Subject: Fwd: 7 Patients Day 7 Complete

FYI

With best regards
Nader

Sent from my iPhone

Nader Pourhassan, PhD
President & CEO

1111 Main Street
Suite 660
Vancouver, WA 99660
(503)348-4173
(360)980-8524

Begin forwarded message:

From: Bruce Patterson <brucep@incelldx.com>
Date: April 8, 2020 at 3:50:53 PM PDT
To: Nader Pourhassan <npourhassan@cytodyn.com>, Kush Dhody <kushd@amarexcro.com>, SCOTT KELLY <skelly02@comcast.net>, Kazem Kazempour <kazemk@amarexcro.com>
Subject: 7 Patients Day 7 Complete

Fingers crossed! IL-6 drop is unbelievable. RANTES which is CCL5, the ligand for CCR5, is sky high-this is a RANTES disease!!! The lungs are like a garbage can for CCR5 expressing macrophages and T-cells!

Bruce K. Patterson, MD
CEO and Founder,
IncellDx, Inc
1541 Industrial Road
San Carlos, CA 94070
Tel: +1.650.777.7630
Fax: +1.650.587.1528
www.incelldx.com